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December 2016 Newsletter

Looking to become an optical leader in 2017? Deadline looms for applications

APPLICATIONS for 2017 Leadership Skills Module must be submitted by Monday 9 January.

LOCSU's Leadership Skills for Optical Professionals is a 20-credit postgraduate module and part of WOPEC's MSc programme at Cardiff University.

It provides an understanding of current leadership models and theoretical approaches and will give delegates the background knowledge and practical skills that will equip them to provide leadership in the optical sector.

The Module is open to optometrists with a BSc in Optometry and opticians who are FBDO-qualified.

LOCSU will be funding up to 10 places on the 2017 cohort. If you would like to be considered for a funded place, please download the application from the [LOCSU website](http://locsu.co.uk) and return it to jacquefooks@locsu.co.uk.

Closing date for receipt of applications is Monday 9th January at 5pm.

Interviews will be conducted by conference call on Monday, 16 and Tuesday, 17 January 2016. Please indicate any preferences for dates and times in your covering letter.

LOCs urged to engage with trusts on step-down care

INCREASING levels of step-down care to take direct pressure off of NHS eye service departments is the immediate focus for the optical sector, Richard Whittington has insisted.



The Chief Operating Officer said that, while extended primary care services were being introduced at a good pace in line with our strategic aims, it is important that we make inroads with NHS trusts to take much of the routine follow-up eye treatment into the community.

"We have seen the media headlines about the hospital eye services pressurised under the strain of a huge increase in appointments.

"A sizeable chunk of the work being carried out in ophthalmology out-patient departments is routine follow-up which could easily be carried out in optical practices."

Whittington said that much of this step-down care, including glaucoma monitoring and post-cataract treatment could be undertaken by appropriately-qualified optometrists – but that the sector had to be on the front foot to make this a reality.

"Our target is to double the number of CCGs from 40 to 80 with Post-Cataract services and to have at least eight acute trusts with community monitoring schemes. If we are to make real progress in this area, it is important that all LOCs are discussing this with commissioners and their local trust.

"In terms of capacity, it will require large coverage with the involvement of all practices in the locality.

"The Primary Eyecare Company model, which LOCs will be familiar with, is perfectly positioned to be able to deliver these types of services

"During 2017 LOCSU's Commissioning Team will be working with LOCs to help facilitate regular dialogue with acute trusts explaining that we can directly alleviate some of the pressures of this work by delivering it closer to patients in the community."

Optics united in Manchester



Greater Manchester Primary Eyecare Company is planning to make the update and education evening a regular annual event following huge interest from practices and practitioners

ALMOST 250 frontline optical practitioners attended the first-ever update and education event hosted by GM Primary Eyecare, the Greater Manchester Regional LOC Company.

Organisers from GMPEC were delighted with the huge turnout for the event held at the end of November. “It was great to see such a large attendance at the first-ever event of its type,” said Matt Jkinson. “It highlights the enthusiasm we have within Greater Manchester from practices and practitioners to participate in extended primary eye care services.

“I believe the optical workforce within Greater Manchester is determined to support the NHS and the Health and Social Care Partnership to achieve the impact predicted by wider primary care involvement in the devolution strategy.”

Given the huge attendance, GM Primary Eyecare is now planning to make the update and education gathering a regular annual event in the regional company calendar.

Practitioners through GMPEC provide a wide range of extended primary eye care services, including Enhanced Cataract Services, Repeat Readings, Glaucoma Enhanced Referral Service and MECS – across the nine CCGs within the Greater Manchester region.

Speakers included Tim De Klerk, Consultant Ophthalmologist and Cataract Service Lead at Manchester Royal Eye Hospital, who gave a well-received presentation about cataract post-operative complications.

Programme sessions were also delivered by GMPEC Clinical Governance and Performance Leads, Matthew Jkinson and Wendy Craven, who reminded practitioners of the service pathways and the importance of adhering to key performance indicators to ensure patient safety and guaranteeing positive patient experience.

Regional Roundup

■ This month, LOCSU Board Member, Stewart Townsend, and Commissioning Lead, Rupesh Bagdai, offer personal perspectives from their recent experiences out and about for LOCSU

National momentum increases pace and rewards LOC patience

THE value of patience has been brought home to me recently. North Staffordshire has multiple extended primary care services, numerous that pre-date LOCSU, due to a large restructuring many years ago across two CCGs. South Staffordshire (with four



Stewart Townsend

CCGs) has had very little in the way of services for a long time. Due to the hard work of many colleagues, especially Mark McCracken, schemes are coming to fruition. This has been a long slog – explaining models of care, making benefits apparent, showing we are an able and trained workforce, being ready; waiting!

The tide has now turned and the four CCGs are working together, commissioning as a block and want all their services all at once. The work that has been done building relationships; being ready with the pathways and offering our services at every chance has finally pushed the door open. The work with LOCSU, its Commissioning Leads and Webstar has helped put weight behind our case. The arrival of STPs means pan-Staffordshire commissioning is going to be a reality for 2017 and all six CCGs will commission as one.

This shift comes as no surprise as the LOCSU Company model and extended primary eyecare services are a great opportunity for both practitioners and the NHS. For South Staffordshire it has taken between five to six years to get to this point and required a lot of patience. That patience is about to be rewarded.

I spent some of the summer attending AGMs in my area and it was a pleasure to meet you all. It is exciting to see so many LOCs with services in place and plans in the offing. With all the models of care already in place, tap into LOCSU's resources, build your case and be ready to respond. Extended primary eye care services time is now and hopefully the wait for schemes will be much shorter now that national momentum is gaining pace.

We don't have MECS on the brain!

WHILE MECS has attracted most headlines from the Breakthrough Strategy, it doesn't mean that LOCSU is neglecting other services to meet headline objectives.



Rupesh Bagdai

Step-down care is also an important target and other primary eye care service help reduce ophthalmology pressures.

In South Sefton and Southport & Formby, the CCGs have recently commissioned a Pre-Cataract pathway and recommissioned a Glaucoma Repeat Readings service. Primary Eyecare Merseyside will now have five GRR services and four Pre-Cat services across the seven CCG areas, leaving those CCGs without as the outliers.

In Cheshire, the LOC has been working closely with South Cheshire CCG and Vale Royal CCG to convert a legacy service into a Pre-Cataract and Glaucoma Repeat Readings service. The result is that patients in all of the four Cheshire CCG areas will now be able to access the GRR service.

Cheshire, Merseyside and Wirral Primary Eyecare Companies have commissioned their first service across the Cheshire and Mersey STP area. This is a People with Learning Disabilities (PwLD) Service commissioned by Cheshire Local Eye Health Network and shows that commissioning at STP level will reduce the inequalities and variations in care that inevitably occur when commissioning at CCG level.

Optics sounds the siren in West Midlands

EMERGENCY services were alerted to the growing number of high-street optical practices offering MECS at a recent NHS network meeting in the West Midlands.

Speakers from across the optical sector highlighted how optical practices could offer a convenient local alternative to reduce pressure on emergency services.

Around 100 people attended the West Midlands Urgent and Emergency Care Network meeting in November, including representatives from NHS 111, CCG Commissioning Managers, pharmacy, GPs, patient groups and the sight-loss sector.

LOCSU Commissioning Lead, Richard Rawlinson, explained that with a proposed merger of two CCGs and the introduction of STP footprints covering the region it was important to put optical services on the map with other key health stakeholders who can signpost to MECS.

LOCs from the West Midlands region were on hand to showcase their local services and highlight how MECS is benefiting patients, GPs, ophthalmology departments, pharmacies and the NHS more widely.

Local Eye Health Network Chair, Claire Roberts, told the meeting how optics could help deliver the vision in the Five Year Forward View blueprint by offering more care in a community setting. David Parkins, Chair of the of the Clinical Council for Eye Health Commissioning, provided a keynote speech on the strategic approach to commissioning eye care through the new frameworks for CCG managers.

During the breakout sessions network members were encouraged to work out how a MEC Service would benefit their areas of speciality and integrate with urgent and emergency care across the region.

Responding to the event, Richard Rawlinson said: "It's imperative that we get the message out to our NHS colleagues on the frontline that optics can play a part in providing solutions and reducing pressures.

"The breakout sessions gave the network food for thought about our role and generated ideas and feedback about integrating optical services.

"It was a great example of stakeholders from across many disciplines working together to ensure patient care in the community is joined up and supported by everyone. Multi-profession delivery will be key to ensuring optical services become fully integrated into NHS primary care services."



'Important to get the message out to frontline NHS staff' – Richard Rawlinson



Above and below – LOCs participate in sessions with other NHS services to explore what service integration with optical practices would look like.



Optics can be a ‘trojan mouse’ for health improvements



OPTOMETRY can help trigger a “trojan mouse” effect – a small change with huge beneficial consequences – LOCSU told a health action summit organised by the NHS Alliance earlier this month.

LOCSU Commissioning Lead, Dharmesh Patel, explained that many people, who are, on the face of it in good health, rarely visiting a GP or hospital, had regular appointments at their optical practice.

Around 20 million sight tests every year presented an excellent opportunity to “create health”, he told delegates at the King’s Fund in London.

“Health Creation: the missing jewel in the NHS’ Crown?” was a title of the summit on 1 December.

The NHS Alliance describes the trojan mouse phenomenon as “the introduction of a small change in practice which leads to a large and lasting positive change in the life of a person or a community”.

Delegates heard that trojan mouse approaches are valuable and necessary for health creation and that health professionals need to have a better understanding and deploy the tactic much more.

The NHS Alliance has

published a new briefing paper highlighting that proven ways of working with communities that can actually “create health”, by enabling people to build their levels of the “3Cs” – Control, Contact and Confidence.

It claims these 3Cs of health creation challenges all parts of the health service to move more quickly towards a social model of health – one that is based around places and outcomes for people and that puts people in control – and also for those responsible for education and workforce development to build health-creating practices into education programmes and job descriptions.

LOCSU’s Richard Knight hailed the forum as an excellent opportunity to showcase optics as part of a big idea to change health delivery approaches. The Head of Policy – a summit delegate – said: “It was good to hear some of the dynamic ideas

for health creation designed to address health inequalities and improve public health. As we know, there is huge scope for extended primary eye care services to do just that, as outlined in the recent document produced by the OC and LOCSU for local authorities and Health and Wellbeing Boards. ([Downloadable via this link](#))



[link](#))

More details about the Action Summit can be found on the NHS Alliance website via this [link](#). The website contains links to a [health creation manifesto](#) and a [Call to Action for health creation](#).

Colleges' seminar explores joint-working in eye care



■ **Katrina Venerus** was one of three LOCSU presentations at the joint-working seminar

LOCSU was well represented at a seminar on joint working between ophthalmologists and optometrists in November.

The event entitled “Working Together, Working Differently”, featured presentations from three LOCSU leaders.

Chief Operating Officer Richard Whittington outlined the Pitfalls of Commissioning



■ **Richard Whittington**

and Managing Director Katrina Venerus explained the need to develop primary eye care services along with Commissioning Lead, Zoe Richmond.

Following the seminar, jointly organised by the College of Optometrists and the Royal College of Ophthalmologists in London on 29 November.

The seminar explored how both professions could work together in primary and secondary care to benefit patient care and improve cost effectiveness. Chaired by Parul Desai from Moorfields, the

one-day event looked at new developments in ophthalmic commissioning and included real-life examples of innovative models of eye care delivery from across the UK.



■ **Zoe Richmond**